



MaineCare

Health Care for Maine People
Bureau of Medical Services
Department of Human Services

UPDATE

NATIONAL WOMEN'S HEALTH WEEK



The 4th annual National Women's Health Week will take place May 11-17, 2003 in Maine and throughout the Nation. The week will start on Mother's Day and end on the following Saturday, a time when there is much attention already being focused on women. The National Office of Women's Health (OWH) has asked State Women's Health Coordinators to contact community partners, hospitals, health care services organizations, and health care providers and invite you to join us in this celebration and begin planning activities to commemorate this event.

On May 12, 2003, the U.S. Department of Health and Human Services (DHHS) is planning the first-ever National Women's Check-Up Day. This day will complement and support our efforts to help underserved women gain access to important preventive health care services

through local health centers and community providers. In years to come, this day will become a signature event for National Women's Health Week that begins the day after Mother's Day each year.

The National Office is asking local health care providers and other interested parties in Maine whether they would like to participate in National Women's Check-Up Day 2003 by offering preventive health services to Maine women on May 12, 2003. These services may be offered in a variety of formats, including a health-fair format that could include basic preventive health screenings as well as preventive health education and counseling sessions or similar services offered individually by primary health care providers.

All interested health care providers and organizations are encouraged to register their event and list what preventive health services they will be offering to Maine women by completing the checkup Day Services form online at www.4woman.gov/whw.

A nationwide media campaign will be implemented by

MOST TODDLERS DON'T GET THEIR IMMUNIZATIONS ON TIME

Researchers analyzed results from the 2000 National Immunization Survey for more than 16,000 children between 24 and 35 months old and found that 55 percent of the toddlers did not get all their vaccinations on time. Children who were part of large families, went to multiple doctors, and had young parents were less likely to get their immunizations on time.

By the time they are 2 years old, only 9 percent of American children have received their recommended vaccinations, according to a recent survey from the Centers for Disease Control and Prevention (CDC). Getting vaccinated on time can prevent disease outbreaks, protect children's health, and reduce the need for repeated doses.

Timing Is Crucial

Health officials recommend certain vaccines for young children at specific ages based on their vulnerability to disease and ability to tolerate the immunization. Vaccines given too early may not be able to protect children, and those given too late may put children's health in danger.

How Vaccines Prevent Disease

Vaccines contain a weakened

Continue on page 3

Continue on page 2

MAINE DEPARTMENT OF HUMAN SERVICES

Bureau of Medical Services • Quality Improvement Division

11 State House Station, Augusta, Maine 04333 • 800-566-3818 • TTY/TDD 800-423-4331

To receive this newsletter by mail, contact Health Care Management at 207-287-8820

ADD-ON CODES FOR TOBACCO CESSATION COUNSELING

Providers are reminded that reimbursement is available for tobacco cessation counseling. Code 99402 used alone or IN ADDITION to office, home, and obstetrical care visit codes will be paid at \$20.00 when submitted with the ICD-9 code 305.1 (tobacco use disorder).

Documentation of the counseling being provided is required in the medical record. This should include documentation of at least the following: an assessment of the member's willingness to quit or their progress in quitting, any ongoing barriers to quitting or staying tobacco-free, and a brief outline of whatever educational or motivational information was provided. Time spent will not be considered a factor. The E & M or obstetrical codes, whether used alone, or in conjunction with the preventative care code 99402 will continue to need adequate documentation as per the MaineCare Benefits Manual. This benefit is limited to 3 visits/member/calendar year/doctor.

Codes that may be billed on the same date of service as 99402 are:

- 99201-99205: NEW PATIENT OFFICE VISIT
- 99212-99215: ESTABLISHED PATIENT OFFICE VISIT
- 99383-99387: NEW PATIENT PREVENTATIVE CARE
- 99393-99397: ESTABLISHED PATIENT PREVENTATIVE CARE
- 99321-99350: DOMICILIARY, REST HOME, OR HOME SERVICES
- 59400-59622: ANTEPARTUM, DELIVERY, AND POST-PARTUM CARE

A guide outlining current tobacco cessation counseling strategies is available. Please call 1-800-321-5557 (option # 9) if you have billing questions or 1-866-796-2463 if you would like to request copies of the printed materials.

Most Toddlers, *continued from page 1*

or dead portion of a disease. As the vaccine enters the bloodstream, the body makes antibodies against the foreign substance to build immunity against the disease. These antibodies can fight the disease if it ever enters the body and prevent the child from becoming ill.

What Vaccines Should My Child Receive By Age 2?

The CDC recommends the following vaccinations, which can be given over the course of 5 visits:

- 4 doses of DTaP, which includes vaccines against diphtheria (a dangerous infection that affects the throat), tetanus, and pertussis (whooping cough)
- 4 doses of Hib vaccine, which prevents *Haemophilus influenza b*, a major cause of bacterial meningitis
- 4 doses of pneumococcal vaccine, which prevents bacterial meningitis and blood infections
- 3 doses of polio vaccine
- 3 doses of hepatitis B vaccine
- 1 dose of MMR vaccine, which prevents measles, mumps, and rubella (German measles)
- 1 dose of varicella (chickenpox) vaccine.

Children with other health problems may need to avoid certain vaccines or get them later than usual. For example, children with certain types of cancers or disorders affecting their immune systems should not receive MMR, varicella, or oral

polio vaccines. Children with seizures may receive the pertussis vaccine (part of DTaP) later. Ask your pediatrician when the vaccine should be given.

Keeping a vaccination health record is a good way to document when your child received his or her vaccinations. This information can be especially helpful when you change doctors or enroll your child in school.

Do Vaccines Have Any Side Effects?

Your child may experience a mild reaction to a vaccine; severe reactions are very rare. Symptoms of a severe reaction to a vaccine include:

- Very high fever
- Widespread rash
- Large amount of swelling at the point of injection.

If your child experiences any of these symptoms, call your pediatrician immediately. Your pediatrician may want to give your child another dose of the vaccine.

Learn More About Vaccinations

The American Academy of Pediatrics www.aap.org/family/parents/im02.pdf provides a schedule for all childhood vaccination recommendations.

The CDC, www.cdc.gov/nip/vaccine/vac-chart-public.htm, offers a reference chart that lists important facts, side effects, and frequently asked questions about each of the recommended childhood vaccinations.

BLOOD LEAD SCREENING RATES

MaineCare Lead Testing rates among FP/GPs and Pediatricians, 07/01/2001 - 6/30/2002.

Rank	Family Practice/GP	Age One	% with 1+ Test
1	Jennifer J. McConnell	10	80.0%
2	Tara M. Nolan	11	72.7%
3	Thomas R. Maycock	14	71.4%
4	Michael A. Ciampi	10	60.0%
5	Jeffrey Scott Patch	10	60.0%
6	Joseph Nabozny	14	57.1%
7	James A. Harper	11	54.5%
8	A. Dorney	24	54.2%
9	Anne D. Tuddenham	39	53.8%
10	Joseph T. Degrinney	13	53.8%

Rank	Family Practice/GP	Age Two	% with 1+ Test
1	A. Dorney	18	61.1%
2	Gust S. Stringos	13	53.8%
3	John M. Van Summern	12	50.0%
4	Lawrence H. Dubien	18	44.4%
5	Timothy Theobald	12	41.7%
6	George K. Gardner Jr.	14	35.7%
7	Kristen Viren	12	33.3%
8	David C. Rioux	12	33.3%
9	Joseph T. Degrinney	15	33.3%
10	Donald G. Brushett	46	32.6%

Rank	Pediatrics	Age One	% with 1+ Test
1	John O. Vogt	11	90.9%
2	Renee R. Fournier	74	85.1%
3	Jorge Pineiro Vergne	66	80.3%
4	J.P. Dejohn	10	80.0%
5	Norman H. Seder	38	78.9%
6	Eileen Poulin	12	75.0%
7	Kimberly McDonald	22	72.7%
8	Jeffrey Stone	94	72.3%
9	Deborah L. Pattern	24	70.8%
10	C.E. Danielson	113	70.8%

Rank	Pediatrics	Age Two	% with 1+ Test
1	Ann B. Waitt	10	80.0%
2	Eileen Poulin	14	64.3%
3	Madonna E. Browne	17	58.8%
4	C.E. Danielson	94	58.5%
5	Lila H. Monahan	65	55.4%
6	Kevin S. Flanigan	22	54.5%
7	Michael P. Hofmann	94	54.3%
8	Donald R. Burgess	13	53.8%
9	Maria S.J. Noval	13	53.8%
10	Robert A. Beekman	32	53.1%

MEMBER EDUCATION REFERRAL FORMS

The Bureau of Medical Services Quality Improvement Division and member services has been working with MaineCare members to provide additional education on the importance of having a primary care provider to coordinate services and care. It is the goal for the Bureau of Medical Services to ensure that MaineCare members receive quality services from their primary care provider and specialist. Consequently, we all recognize the need for member education in many areas of health care and services.

In an effort to improve and assist with member education and support, PCP Network Services within the Quality Improvement Division has made available to primary care providers Member Education Referral Forms. If there is a MaineCare managed care member that you are having difficulty with, you feel needs additional education or support beyond what you

have been able to provide the Member Education Referral Form was designed to let us know. By using this form, you are making us aware of any problems, issues, or educational needs the member may need assistance with.

The Member Education Referral Form is very easy and quick to complete. The form requires:

- Member name,
- MaineCare ID number,
- Primary Care Provider name and telephone number, and;
- A check off list of the most common problems and an area for comments.

The Member Education Referral Forms are available by contacting the PCP Network Services at 866-796-2463 or 207-287-8820. Our fax is 287-1864.

Your support and communication together with our efforts will help to educate our members about the benefits of managed care.

Women's Week continued from page 1

DHHS leading up to and during National Women's Health Week. As part of the promotional activities, the National Office will provide a list of participating providers and contact information by state to women by posting it on www.4WOMAN.gov, or by calling the National Women's Health Information Center at 1-800-994-WOMAN. Maine women can go to the web site or call the toll-free number to find out what services will be offered in their local commu-

nities and to receive a preventive health services information package.

The National Office will provide a list of participating centers and contact information to governors, mayors, and tribal leaders who request it and are interested in presenting an official proclamation to a local organization for National Women's Check-Up Day and/or National Women's Health Week.

NEW MAINECARE COVERAGE CATEGORY FOR ADULTS

We are pleased to announce that the Centers for Medicaid and Medicare Services has approved our waiver application to expand coverage to adults, age 21 through 64, who do not have children or do not have dependent children living with them. Effective October 1, 2002, these individuals are eligible for MaineCare coverage if their income is at or below the Federal Poverty Level. These adults may qualify if: (1) single, their month-

ly income is less than \$739 and their assets are less than \$2,000, or (2) married and living with their spouse, their combined monthly income is \$995 and their combined assets are less than \$3,000. These adults will get MaineCare full benefits; - i.e. the same benefits as other MaineCare members. Standard MaineCare applications may be used to apply. Applications are available at any Department of Human Services regional office. We are excited

that with the addition of these adults, MaineCare now provides access to coverage to virtually all Maine residents at or below the Federal Poverty Level.

If you have further questions regarding services for this new MaineCare coverage group, please call the Provider Relations Unit at 1-800-321-5557, Option 9.

For eligibility information, please contact your regional Bureau of Family Independence Office.

MAINE GONORRHEA OUTBREAK CONTINUES

Because of a high volume of gonorrhea diagnoses occurring in Maine during the first quarter of 2003, a gonorrhea outbreak, first declared by the Bureau of Health in 2001, continues into this year. Although this sexually transmitted disease affects all segments of the population, males who have sex with males (MSM) are particularly vulnerable, accounting for a large proportion of recent cases.

During the period of January 1, 2003 through March 13, 2003, health care providers diagnosed a total of 25 cases of *Neisseria gonorrhea* infection, representing an 80% increase over the same period in 2002. Of the 25 Maine cases this year, nine are female and 16 are male. Thirty six percent of cases occurred in Androscoggin county, 32% occurred in Cumberland county and 12% occurred in York county. Thirty-six percent of these cases were diagnosed among MSM.

The number of gonorrhea infections reported to the Bureau of Health has risen in each of the last four years, indicating an ongoing need for a coordinated public health

response. The Bureau of Health STD Program conducts weekly reviews of new gonorrhea cases to monitor the outbreak and to plan regional and population-specific interventions. Recent efforts have focused on the central and southern regions of the state and have included targeted education for health care providers serving individuals at highest risk. Additionally, public health field workers, called "Disease Intervention Specialists" or "DIS," attempt to prevent new infections by assisting those diagnosed to identify and notify sex partners. DIS then provide partners with voluntary testing and treatment or work with local health care providers to administer these services.

Physicians and other health care providers have a unique opportunity to intervene directly with patients to diagnose, treat and prevent this disease. In order to ensure appropriate diagnosis and treatment, and to prevent further transmission, the Bureau of Health recommends the following to primary care providers:

- Maintain a high index of

suspicion for gonorrhea during evaluations for possible STD, and ensure that diagnostic specimens for gonorrhea and chlamydia are obtained;

- Ensure that diagnostic urethral, rectal and pharyngeal specimens for gonorrhea are obtained from men who report sex with other men;

- For persons with clinically compatible presentations and for any persons presenting because they have been named as gonorrhea contacts, presumptive treatment should be initiated for both gonorrhea AND chlamydia;

- Follow the recommendations put forth in the Centers for Disease Control and Prevention 2002 STD Treatment Guidelines for the treatment of all STDs. (This document is available on the web at www.cdc.gov/nchstp/dstd/dstdp.html)

- If you are treating a suspect case of gonorrhea please contact the STD Program so that appropriate follow-up occurs in a timely manner. Telephone: 207 287-2046